<table>
<tr><td colspan="7">CLAIMS ONLY</td><td colspan="2">Application Number
10/716877</td><td>Filing Date</td></tr>
</table>

| | | | | | | | | Applicant(s) | | |

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
1	1							51						
2		1						52						
3		1						53						
4		1						54						
5		1						55						
6		1						56						
7		1						57						
8		1						58						
9		1						59						
10	1							60						
11	1							61						
12		1						62						
13	1							63						
14		1						64						
15		1						65						
16		1						66						
17	1							67						
18		1						68						
19								69						
20								70						
21								71						
22								72						
23								73						
24								74						
25								75						
26								76						
27								77						
28								78						
29								79						
30								80						
31								81						
32								82						
33								83						
34								84						
35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
Total Indep								Total Indep						
Total Depend								Total Depend						
Total Claims								Total Claims						